



PATIENT

Pax Powell

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

4 Months

WEIGHT

30 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Tam Mengine, DVM,
DABVP (Canine/Feline)

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Tam Mengine, DVM,
DABVP (Canine/Feline)

INVOICE

12779

DATE

12/2/21

PRESENTING CLINICAL SIGNS

History: Received people food on 11/25. Has been vomiting daily since 11/26, usually once daily in the evening (bile), occasionally food. There were also pieces of a stuffed toy in the vomitus the first day, and he passed some in his stool. Defecating and eating normally, BAR, no abd pain on exam. Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (5.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (6.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.40 cm at cranial pole) (0.27 cm at caudal pole) (1.71 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Normal size (0.49 cm at cranial pole) (0.55 cm at caudal pole) (1.87 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.40 cm at the level of the hilus) with a normal capsular contour. Using the high frequency probe, the parenchyma appears diffusely mottled. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized. In addition, a prominent medial iliac lymph node is seen. The largest lymph node measures 2.41 cm in length.

ULTRASONOGRAPHIC FINDINGS

- The diffuse splenic changes are non-specific are most consistent with benign change (i.e., lymphoid hyperplasia, extramedullary hematopoiesis) with a lower possibility of infiltrative neoplasia, particularly given the patient's age.
- The prominent abdominal lymph nodes could be consistent with immunologic immaturity or reactive change.
- There is no obvious evidence of a foreign body/obstruction.

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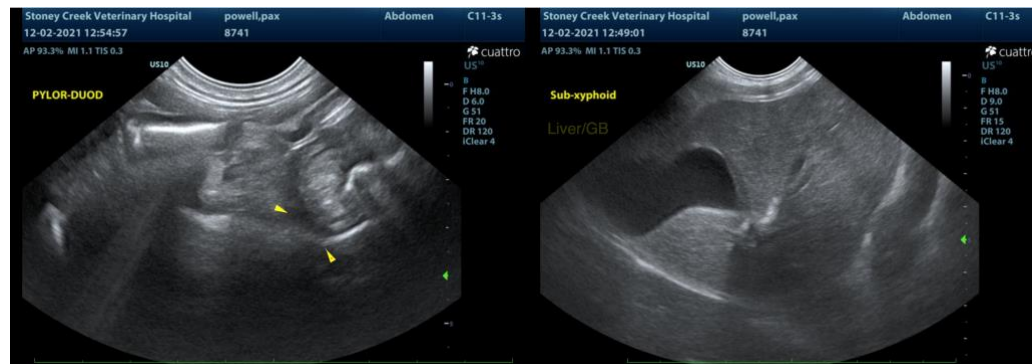
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued supportive care for acute gastroenteritis is recommended.
- if the patient does not continue to improve within 48-72 hours of supportive care, a more advanced GI workup may be warranted.





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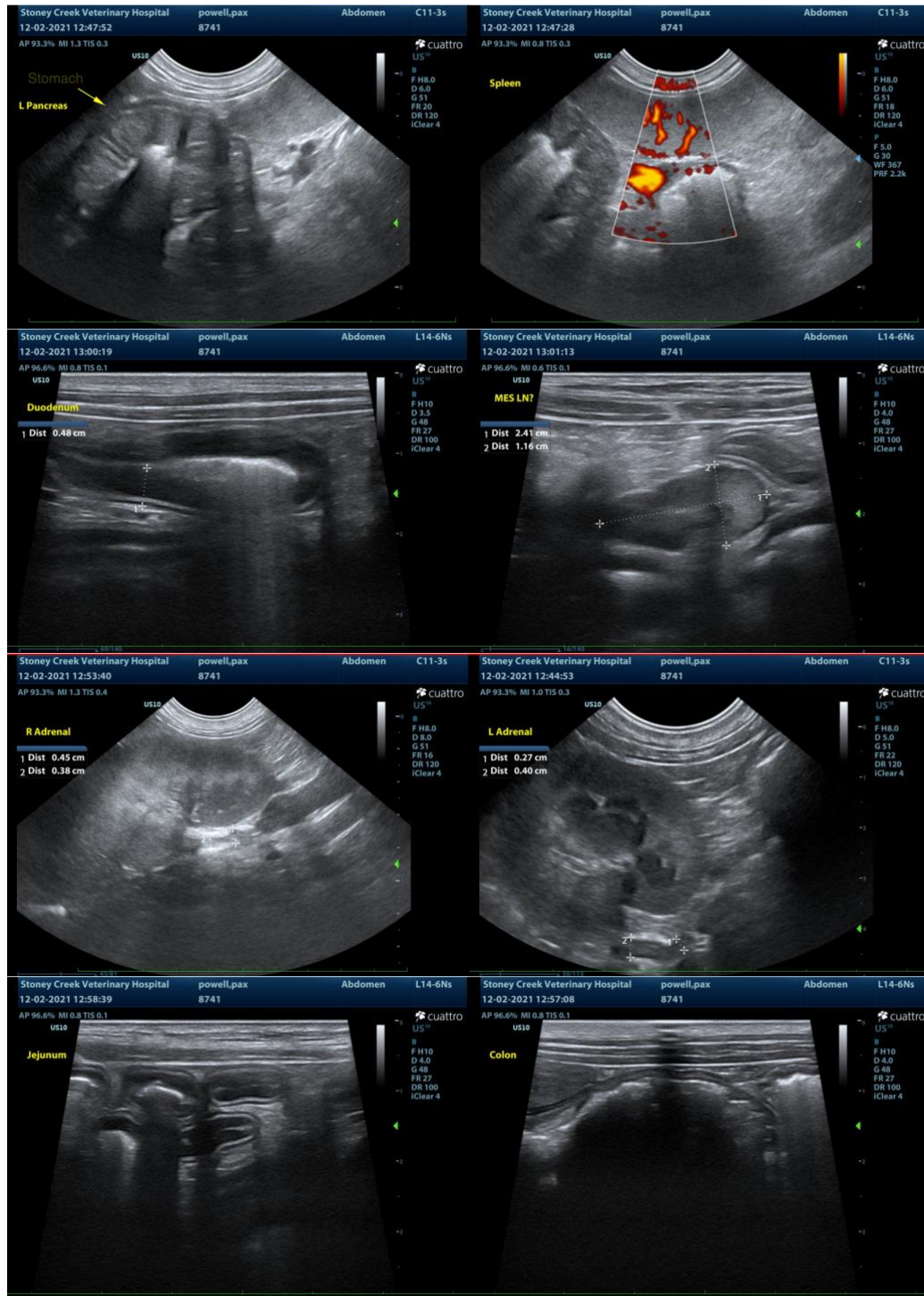
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.



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info@SonoPath.com

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